

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission filers)

2 Total pages filed:

10

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mr.

Mei

LeBlanc

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

2720 Mark Twain Court  
Arlington, TX. 76006

☐ Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817)

469-8525

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mr.

Jimmy

Behnett

7 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

2000 E. Lamar Blvd., Arlington, TX. 76006

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(117)

461-0523

9 REPORT TYPE

☐

January 15

☒

30th day before election

☐

Runoff

☐

15th day after campaign treasurer appointment (officeholder only)

☐

July 15

☐

8th day before election

☐

Exceeded \$500 limit

☐

Final report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

2 / 24 / 06

THROUGH

Month

Day

Year

4 / 13 / 06

11 ELECTION

ELECTION DATE

Month

Day

Year

5 / 13 / 06

ELECTION TYPE

☐

Primary

☐

Runoff

☒

General

☐

Special

12 OFFICE

OFFICE HELD (if any)

-

13 OFFICE SOUGHT (if known)

City Council, District 1

14 NOTICE  
OF DIRECT  
CAMPAIGN  
EXPENDITURE  
BY OTHER  
INDIVIDUALS

•• Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ••

Name

N/A

Address / PO Box; Apt. / Suite #; City; State; Zip Code

N/A

☐ additional pages

GO TO PAGE 2



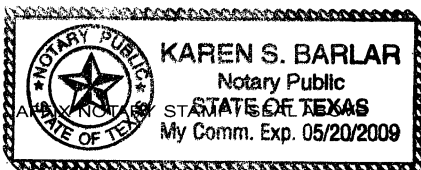
# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

<b>15 C/OH NAME</b> <i>Me/ LeBlanc</i>		<b>16 ACCOUNT #</b> (Ethics Commission filers)
<b>17 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> additional pages	.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..	
	<b>COMMITTEE TYPE</b>  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	<b>COMMITTEE NAME</b>  <b>COMMITTEE ADDRESS</b>  <b>COMMITTEE CAMPAIGN TREASURER NAME</b>  <b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>
<b>18 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>2,600.00</i>
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>12,049.76</i>
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>24,050.24</i>

### 19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



*M. V. LeBlanc*

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said *Me/ LeBLANC*, this the *13th* day of *April*, 20 *06*, to certify which, witness my hand and seal of office.

*Karen S. Barlar*

Signature of officer administering oath

*KAREN S. Barlar*

Printed name of officer administering oath

*Notary Public*

Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: /	
2 FILER NAME <i>Mel LeBlanc</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>4/13/06</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Tim &amp; Gina Ballard</i>	7 Amount of contribution (\$) <i>\$100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>2229 Franklin Dr, Arlington, Tx. 76011</i>			
9 Principal occupation / Job title (See Instructions) <i>Medical Product Sales/Manager.</i>		10 Employer (See Instructions) <i>Novo Nordisk.</i>	
Date <i>4/13/06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Jimmy Bennett</i>	Amount of contribution (\$) <i>\$500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2000 E. Lamar, Arlington, Tx. 76006</i>			
Principal occupation / Job title (See Instructions) <i>CPA</i>		Employer (See Instructions) <i>Self-employed</i>	
Date <i>4/13/06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Arlington Board of Realtors, Inc.</i>	Amount of contribution (\$) <i>\$1,000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1029 W. Pioneer Pkwy., Arlington, Tx. 76013</i>			
Principal occupation / Job title (See Instructions) <i>Real Estate</i>		Employer (See Instructions) <i>N/A</i>	
Date <i>4/13/06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>John Huggins</i>	Amount of contribution (\$) <i>\$1,000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1813 Woods Drive, Arlington, Tx. 76010</i>			
Principal occupation / Job title (See Instructions) <i>Insurance / Vice-President</i>		Employer (See Instructions) <i>Higgenbotham &amp; Associates</i>	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**LOANS****SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule E:**2** FILER NAME*Mel LeBlanc***3** ACCOUNT # (Ethics Commission filers)**4**

TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$ *33,500.00***5** Date of loan*3/23/06***7** Name of lender☐ out-of-state PAC (ID#: \_\_\_\_\_)*Mel LeBlanc (self)***9** Loan Amount (\$)*\$33,500.00***6** Is lender a financial Institution?

Y

☒ N**8** Lender address; City; State; Zip Code*2720 Mark Twain Court  
Arlington, TX, 76006***10** Interest rate*0%***11** Maturity date*N/A***12** Principal occupation / Job title (See Instructions)*Executive Account Manager***13** Employer (See Instructions)*Mölnlycke Health Care, Inc.***14** Description of Collateral☒ none**15** GUARANTOR INFORMATION☐ not applicable**16** Name of guarantor**17** Guarantor address; City; State; Zip Code**18** Amount Guaranteed (\$)**19** Principal Occupation**20** Employer

Date of loan

Name of lender

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Loan Amount (\$)

Is lender a financial Institution?

Y

N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ none**GUARANTOR INFORMATION**

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.



**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2

2 FILER NAME

Mel LeBlanc

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/27/06

5 Payee name

Murphy Turner &amp; Associates

7 Amount (\$)

\$1,403.56

6 Payee address; City; State; Zip Code

816 Congress Ave., Suite 1160, Austin, TX., 78701

8 Purpose of payment (See instructions regarding type of information required.)

Push Cards

9 .. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Mel LeBlanc

City Council

-

Date

3/28/06

Payee name

Murphy Turner &amp; Associates

Amount (\$)

1,125.37

Payee address; City; State; Zip Code

816 Congress Ave., Suite 1160, Austin, TX. 78701

Purpose of payment (See instructions regarding type of information required.)

Door Hangers

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Mel LeBlanc

City Council

-

Date

3/29/06

Payee name

Murphy Turner &amp; Associates

Amount (\$)

\$247.00

Payee address; City; State; Zip Code

816 Congress Ave., Suite 1160, Austin, TX. 78701

Purpose of payment (See instructions regarding type of information required.)

Webhosting/Design

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Mel LeBlanc

City Council

-

Date

3/29/06

Payee name

Murphy Turner &amp; Associates

Amount (\$)

631.95

Payee address; City; State; Zip Code

816 Congress Ave., Suite 1160, Austin, TX. 78701

Purpose of payment (See instructions regarding type of information required.)

Stationary

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Mel LeBlanc

City Council

-

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**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2

2 FILER NAME

Mel LeBlanc

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/3/06

5 Payee name

Signs Now

7 Amount (\$)

141.88

6 Payee address; City; State; Zip Code

900 E. Copeland Rd, Suite 130  
Arlington, Tx. 76011

8 Purpose of payment (See instructions regarding type of information required.)

9 .. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: <u>1</u>
2 FILER NAME <u>Mel LeBlanc</u>		3 ACCOUNT # (Ethics Commission filers)
4 Date <u>3/2/06</u>	5 Payee name <u>Murphy Turner Associates</u> 6 Payee address; City; State; Zip Code <u>816 Congress Ave, Suite 1160, Austin Tx. 78701</u> 7 Purpose of expenditure (See instructions regarding type of information required.) <u>Retainer</u>	8 Amount (\$) <u>\$1,000.00</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <u>3/17/06</u>	Payee name <u>Craig Dunby</u> Payee address; City; State; Zip Code <u>208 Blait Lane Arlington, TX, 76014</u> Purpose of expenditure (See instructions regarding type of information required.) <u>Retainer</u>	Amount (\$) <u>\$2,500.00</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <u>3/24/06</u>	Payee name <u>Signs Now</u> Payee address; City; State; Zip Code <u>900 E. Copeland Rd, Suite 130 Arlington, TX. 76011</u> Purpose of expenditure (See instructions regarding type of information required.) <u>Campaign Signage</u>	Amount (\$) <u>\$5,000.00</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended

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**PAYMENT FROM POLITICAL CONTRIBUTIONS  
TO A BUSINESS OF C/OH****SCHEDULE H**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule H:**2** FILER NAME**3** ACCOUNT # (Ethics Commission filers)**4** Date**5** Business name**7** Amount  
(\$)**6** Business address; City; State; Zip Code**8** Purpose of payment (See instructions regarding type of information required.)**9** .. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount  
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount  
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount  
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name Office sought Office held**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**



**NON-POLITICAL EXPENDITURES  
MADE FROM POLITICAL CONTRIBUTIONS****SCHEDULE I**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule I:**2** FILER NAME**3** ACCOUNT # (Ethics Commission filers)

<b>4</b> Date	<b>5</b> Payee name  <b>6</b> Payee address; City; State; Zip Code  <b>7</b> Purpose of expenditure (See instructions regarding type of information required.)	<b>8</b> Amount (\$)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**CREDITS (optional)****SCHEDULE K**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule K:**2** FILER NAME**3** ACCOUNT # (Ethics Commission filers)

<b>4</b> Date	<b>5</b> Payor name  ..... <b>6</b> Payor address; City; State; Zip Code  <b>7</b> Reason for credit	<b>8</b> Amount (\$)
Date	Payor name  ..... Payor address; City; State; Zip Code  Reason for credit	Amount (\$)
Date	Payor name  ..... Payor address; City; State; Zip Code  Reason for credit	Amount (\$)
Date	Payor name  ..... Payor address; City; State; Zip Code  Reason for credit	Amount (\$)
Date	Payor name  ..... Payor address; City; State; Zip Code  Reason for credit	Amount (\$)

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